

TOWN OF DAVIE

TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Joseph Montopoli, Fire Chief/EMC 954-797-1842

PREPARED BY: Julie Downey, Assistant Fire Chief 954-797-1189

SUBJECT: First Aid and Medical Supplies

AFFECTED DISTRICT: N/A

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA ACCEPTING BIDS FOR FIRST AID SUPPLIES AND EQUIPMENT. (\$120,000)

REPORT IN BRIEF: A competitive bid was conducted for supplying first aid supplies and equipment for Davie Fire Rescue Department. The Town sent out to thirty-three (33) prospective bidders. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's website. The Town received thirteen (13) bids. The items needed by the Fire Department were broken down into groups. The bidders were told that to be considered for award, the MUST bid all items within the group. The Town did not get any qualified bids from groups A and G. Therefore, the Fire Department will revise the specifications for those groups and we will re-bid for those groups only. For all the rest of the groups, the recommendation is to award to the lowest bidder for each group as identified in the recommendation memo from Fire Department attached hereto. The initial term of the contract is one (1) year with an option to extend the contract for an additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be approved by the Town Council.

PREVIOUS ACTIONS: Not Applicable

CONCURRENCES: The recommended award has been reviewed by the Fire Chief and the Bid Specification Committee who concur with the decision to award to the lowest bidder for each group.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: \$ 120,000

Account Name: Fire Department – First Aid Supplies and Equipment

What account will funds be appropriated from: 001-0602-522-0407

RECOMMENDATION(S): Motion to approve Resolution

Attachment(s): Procurement Authorization, Department Recommendation Memo, Bid Tabulation

RESOLUTION _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA ACCEPTING BIDS FOR
FIRST AID SUPPLIES AND EQUIPMENT.

WHEREAS, The Town is in need of first aid supplies and equipment for the Fire Department;
and

WHEREAS, the Town solicited sealed bids for such first aid supplies and equipment; and

WHEREAS, after review, the Town Council wishes to accept the lowest bid for each group of
first aid supplies and equipment as identified in Attachment "A"

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE,
FLORIDA.

SECTION 1. The Town Council hereby accepts the lowest bid for each group of first aid
supplies and equipment as identified in Attachment "A".

SECTION 2. The Town Council hereby authorized the expenditure for the Fire Department-
First Aid Supplies and Equipment Account Number 001-0602-522-0407.

SECTION 3. The initial term is one (1) year with an option to extend the contract for one (1)
additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be approved
by Town Council.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2008

MAYOR/COUNCILMEMBER

ATTEST:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2008

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
001-0602-522-0407 ✓ <i>FIRST AID SUPPLIES & EQUIP.</i>	First Aid Supplies & Equipment	\$120,000
<u>METHOD OF PROCUREMENT (check the one that applies)</u>		

- ☐ Open Competitive Bidding
☐ Piggyback on Contract Number _____
☐ Sole Source
☐ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed _____

Department Head:

Have Funds been Reserved N/A

*MULTIPLE AWARD
TO VENDORS ON AN
AS NEEDED BASIS*

Date 4/13/08 Signed _____

Signed _____

Town Administrator

BIDS SUBMITTED

VENDOR	COST
DEALMED, INC.	
TRI-ANIM HEALTH SERVICES, INC.	SEE
KENTRON HEALTH CARE, INC.	ATTACHED
QUADMED, INC.	BID
HENRY SCHEIN MATRIX MEDICAL	TABULATION
AMERICAN MEDICAL DEPOT	
BOUND TREE MEDICAL	
PHYSID - CONTROL, INC.	
MOORE MEDICAL	
S&W HEALTHCARE	NO BID
EMS INNOVATIONS	NO BID
BUY RITE INTERNATIONAL	NO BID
LAERDAL	NO BID

Signed _____

Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

Vendor	Cost
<u>LOWEST BIDDER FOR EACH GROUP</u>	<u>SEE ATTACHED</u>
<u>AS IDENTIFIED IN ATTACHMENT "A"</u>	<u>BID TABULATION</u>



TOWN OF DAVIE
INTEROFFICE MEMORANDUM
FIRE RESCUE DEPARTMENT

ATTACHMENT "A"

Date: May 27, 2008
To: Herb Hyman, Procurement Manager
From: J. Downey, Assistant Chief *JH*
Through: M. Malvasio, Deputy Fire Chief *MM*
Subject: First Aid Supplies and Equipment
Attachment: Yes X No

I have reviewed the first aid supply bid paperwork and have the following comments/recommendations:

- Group A** Recommendation to rebid this group, Item number 12 is only available to select distributors. It will be eliminated from future bids.
- Group B** Award to Kentron Health care
- Group C** Award to Henry Schein Matrix Medical
- Group D** Award to Tri-Anim Health Services Inc
- Group E** Award to Quad Med Inc
- Group F** Award to Henry Schein Matrix Medical
- Group G** Recommendation to rebid this group, it was brought to our attention that item number 120 was discontinued by manufacture. We have a letter from SharpSafety stating the new part number should be 31143731
- Group H** Award to DealMed Inc.
- Group I** Award to Henry Schein Matrix Medical
- Group J** Award to Kentron Health Care
- Group K** Award to Kentron Heath Care

Thank you for your assistance in this time consuming but worth while project. If you have any questions, please call me at 954-797-1189.

	A	B	C	D	E	F	G	H	I
1									
2									
3									
4		Medtronics	Moore	Kentron	QuadMed	Bound Tree	Tri-Anim	Matrx	Dealmid
5			Medical	Health		Medical		Medical	Inc.
6									
7	Group A			\$31,702.75	\$23,373.24	\$30,448.45	\$29,093.67	\$29,989.25	\$36,272.02
8	Group B			\$10,762.28	\$15,356.96	\$14,782.31	\$11,767.59	\$17,811.24	\$13,160.77
9	Group C		\$14,871.04	\$5,749.06	\$48,385.94	\$11,342.46	\$10,980.09	\$10,778.17	\$10,864.87
10	Group D		\$6,353.66		\$6,176.42	\$5,413.26	\$4,827.36	\$6,085.36	\$5,490.44
11	Group E		\$38,575.19		\$36,908.32	\$37,380.86		\$39,633.99	\$43,547.14
12	Group F		\$1,395.18		\$1,772.46	\$1,676.27	\$1,729.37	\$1,524.72	\$1,953.66
13	Group G					\$61,568.75		\$79,714.25	\$55,852.69
14	Group H			\$2,287.45		\$2,203.14	\$2,362.48	\$2,374.63	\$2,139.50
15	Group I	\$19,215.80			\$21,178.60	\$23,361.28	\$18,981.30	\$16,414.42	
16	Group J			\$23,670.00	\$57,858.00	\$51,453.00	\$47,560.00	\$65,122.00	\$47,620.00
17	Group K			\$5,985.00	\$9,326.00	\$7,621.40	\$8,163.00	\$6,151.00	\$8,223.50
18									

FIRST AID SUPPLIES AND MEDICAL EQUIPMENT

BID NAME: First Aid Supplies & Equipment
 BID NUMBER: B-08-63
 ESTIMATED COST: \$120,000.00

BID OPENING REPORT
 TIME: 2:04 p.m.
 DATE: 4-29-08

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	<u>ellcore medical</u>	<u>See</u>	<u>attached</u>
2.	<u>Kentron Health Care</u>	<u>See</u>	<u>attached</u>
3.	<u>Matrix Medical</u>		
4.	<u>Cell Innovations</u>	<u>NO Bid</u>	
5.	<u>American Purchasing</u>		
6.	<u>D W Healthcare Corp.</u>	<u>NO Bid</u>	
7.	<u>Buy Rite International</u>	<u>NO Bid</u>	
8.	<u>Bound Tree Medical</u>		
9.	<u>Quadmed</u>		
10.	<u>Medtronic EPS</u>		

REMARKS

SPECIFICATIONS SENT TO THIRTY-THREE (33) PROSPECTIVE BIDDERS
TOWN REC'D THIRTEEN (13) RESPONSES (NINE (9) BIDS AND TWO (2) "NO BID" RESPONSES)

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: Angie Salinas
 WITNESS: E. Blodgett

DATE: 4-29-08
 DATE: 4-29-08

BID OPENING REPORT
BID NAME: First Aid Supplies
BID NUMBER: B-08-63 Equipment
ESTIMATED COST: \$100,000.00

TIME: 2:04 p.m.
DATE: 4.29.08

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	<u>Dealmid Inc. -</u>	<u>See</u>	<u>Attached</u>
2.	<u>Laerdal New York</u>	<u>Bid</u>	<u>Tabulation</u>
3.		<u>NO Bid</u>	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: Regie Salinas
WITNESS: E. Blackston

DATE: 4.29.08
DATE: 4.29.08

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Tri-anim Health Services, Inc.

Check appropriate box: ☐ Individual/
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other ▶

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

13170 Telfair Avenue

City, state, and ZIP code

Sylmar, CA 91342

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | + | | |

or

Employer identification number

9 | 5 | 2 | 9 | 5 | 9 | 1 | 5 | 5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign
Here**

Signature of
U.S. person ▶

J. Charles Smith, CISO

Date ▶ **1/12/07**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

I, John Rudd, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

Tri-anon Health Services, Inc.

Address:

13170 Telfair Ave

Sylmar CA 91342

95-2959155

FEIN

California 1975

State and date of incorporation

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Robert N. Byers Jr.</u>	<u>13170 Telfair Ave</u>	<u>100</u> %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

N/A

Dy. 1911-1-1

Signature of Affiant

To Ann Rudel

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 28 day of April 2008, by John Ruda, he/she is personally known to me or has presented _____ as identification.

Notary Public, State of Florida at Large



Print or Stamp of Notary

Serial Number

My Commission Expires : _____

California Business Portal

Secretary of State DEBRA BOWEN

SECRETARY OF STATE

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POLITICAL REFORM

CA BUSINESS PORTAL

ARCHIVES & MUSEUM

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Corporations

The information displayed here is current as of "JUN 13, 2008" and is updated weekly. This information is not a complete or certified record of the Corporation.

For information about certification of corporate records or for additional corporate information, please refer to [Corporate Records](#). If you are unable to locate a record, you may request a more extensive search by ordering a status report. Fees and instructions for ordering a status report are included on the [Business Entities Records Order Form](#). Certificates and/or certified copies can also be requested using the order form.

Results of search for " **Tri-Anim Health Services, Inc.** "

Click on the name of the corporation for additional information.

Corp Number	Date Filed	Status	Corporation Name	Agent for Service of Process
C0743366	4/28/1975	active	TRI-ANIM HEALTH SERVICES, INC.	ROBERT A BYE JR

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Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Quadmed INC.

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other ▶

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

11210 - 1 Philips Industrial Blvd - E

City, state, and ZIP code

Jacksonville FL 32256

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | + | | |

or

Employer identification number

5931184908

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Richard Bazy

Date ▶

4-25-2008

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding,

or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

I, Richard Baez, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

QuadMed INC

Address:

11210-1 Philips Hwy Industrial Blvd

Jacksonville FL 32256

FEIN

59-3184908

State and date of incorporation

FL 1993

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Lisa Price</u>	<u>11210-1 Philips Industrial Blvd E</u>	<u>100</u> %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

By: per me
Signature of Affiant

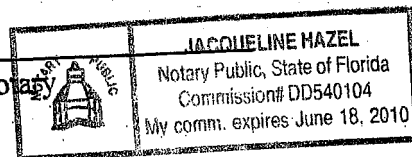
Richard Baez

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 25 day of April, 2008, by Richard Baez, he/she is personally known to me or has presented FL-Drivers license as identification.

[Signature]
Notary Public, State of Florida at Large

Print or Stamp of Notary



Serial Number

My Commission Expires : _____

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Detail by Entity Name

Florida Profit Corporation

QUADMED, INC.

Filing Information

Document Number V63334
FEI Number 593184908
Date Filed 09/11/1992
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 05/03/1993
Event Effective Date NONE

Principal Address

11210-10 PHILIPS INDUSTRIAL BLVD EAST
JACKSONVILLE FL 32256 US

Changed 04/21/2000

Mailing Address

P.O. BOX 550773
JACKSONVILLE FL 32255-0773 US

Changed 05/01/1996

Registered Agent Name & Address

PRICE, LISA M.
11851 MOUNTAIN WOOD LN
JACKSONVILLE FL 32258 US

Name Changed: 05/23/1995

Address Changed: 05/23/1995

Officer/Director Detail

Name & Address

Title P

PRICE, LISA M.

11851 MOUNTAIN WOOD LN
JACKSONVILLE FL 32258

Title V

PRICE, MARLEY D
11851 MOUNTAIN WOOD LN
JACKSONVILLE FL 32258

Annual Reports

Report Year Filed Date

2005	03/14/2005
2006	04/14/2006
2007	04/13/2007

Document Images

<u>04/13/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/14/2006 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/14/2005 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/04/2004 -- ANNUAL REPORT</u>	View image in PDF format
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<u>01/29/2002 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/21/2001 -- ANNUAL REPORT</u>	View image in PDF format
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Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return) **KENIRON HEALTH CARE, INC.**

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor

☒ Corporation

☐ Partnership

☐ Other

☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.) **PO Box 120**

City, state, and ZIP code **SPRINGFIELD, TN 37192**

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

23-2618125

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien):

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person

Date

4/15/2008

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

I, NARI T SADARANGANI, being first duly sworn state that:

The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

KENTON HEALTH CARE, INC.

Address:

PO Box 120

SPRINGFIELD, TN 37172

232618125

TN 10/1994

FEIN:

State and date of incorporation

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>NARI T SADARANGANI</u>		<u>100</u> %
	<u>PO Box 120</u>	<u></u> %
	<u>SPRINGFIELD, TN 37172</u>	<u></u> %
		<u></u> %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

By _____
Signature of _____
NARI T. Sadarangani
Print Name

4/15/2008

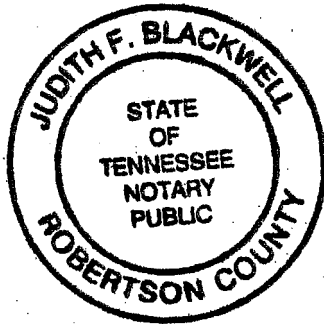
SUBSCRIBED AND SWORN TO or affirmed before me this 15 day of
April 2008, by NARI T SADARANGANI he/she is
personally known to me or has presented _____ as
identification.

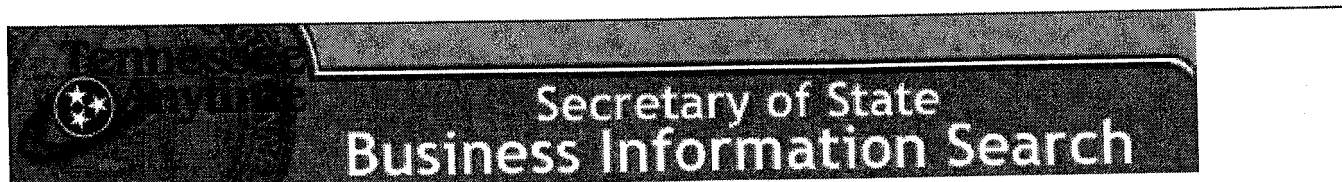
Judith F. Blackwell
Notary Public, State of Florida at Large

Print or Stamp of Notary

Serial Number

My Commission Expires: Jan 2010



[Secretary of State Web Site](#)[Instructions](#)

Business Name,
Business ID Number, Type, Status

KENTRON HEALTHCARE, INC.
0285256 , CORPORATION , ACTIVE

[Details](#)

1 record(s) have been found

Note: This information is current as of three working days prior to today's date.

[Search Again](#)[Report a Technical Issue](#)

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

HENRY SCHEIN INC

Business name, if different from above

HENRY SCHEIN MATRIX MEDICAL

Check appropriate box: ☐ Individual/
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other ▶

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

135 DURYEA ROAD

City, state, and ZIP code

MELVILLE, NY 11747-7382

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

|| | | | | | |

or

Employer identification number

11-3136595

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person

Date ▶

4/28/08

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

I, JESSE A. GORRINGER being first duly sworn state that: HENRY SCHEIN MATRIX MEDICAL
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

HENRY SCHEIN INC
HENRY SCHEIN MATRIX MEDICAL

Address:

140 CROUCH COMMERCIAL COURT
IRMO, SC 29063

FEIN

11 313 6595

State and date of incorporation

1932 DELAWARE

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>No person holds 5% —</u>		<u>—</u> %
_____		_____ %
_____		_____ %
_____		_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

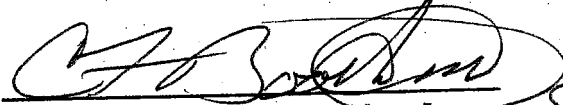
Address

N/A

By Jesse A. Garringer
Signature of Affiant

JESSE A. GARRINGER
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 28TH day of April 2008, by JESSE A. GARRINGER, he/she is personally known to me or has presented Personally Known as identification.


Notary Public, State of Florida at Large S.C.

Print or Stamp of Notary

Serial Number

My Commission Expires: My commission expires 9-13-201

NYS Department of State

Division of Corporations

Entity Information

Selected Entity Name: HENRY SCHEIN, INC.

Selected Entity Status Information

Current Entity Name: HENRY SCHEIN, INC.

Initial DOS Filing Date: FEBRUARY 25, 1993

County: NASSAU

Jurisdiction: DELAWARE

Entity Type: FOREIGN BUSINESS CORPORATION

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

C/O CORPORATION SERVICE COMPANY

80 STATE STREET

ALBANY, NEW YORK, 12207-2543

Chairman or Chief Executive Officer

STANLEY M. BERGMAN

104A MIDDLEVILLE ROAD

NORTHPORT, NEW YORK, 11768

Principal Executive Office

HENRY SCHEIN, INC.

135 DURYEA ROAD

MELVILLE, NEW YORK, 11747

Registered Agent

CORPORATION SERVICE COMPANY

80 STATE ST.

ALBANY, NEW YORK, 12207-2543

NOTE: New York State does not issue organizational identification numbers.

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Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return) Dealmid, Inc.

Business name, if different from above Dealmid Medical Supplies

Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.) 249 Minsdale Street

City, state, and ZIP code Brooklyn NY 11207

List account number(s) here (optional) N/A

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number

714317101477

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here **Signature of U.S. person** [Signature] **Date** 04/23/2008

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

I, Michael Einhorn being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

Dealmid, Inc.

Address:

249 Hinsdale Street

Brooklyn NY 11207

FEIN

74-3170477

State and date of incorporation

New York - 2003

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Michael Einhorn</u>		<u>100</u> %
		%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

Michael Einhorn

Signature of Affiant

Michael Einhorn

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 25 day of
April 2008, by Michael Einhorn, he/she is
personally known to me or has presented NY Driver License as
identification.

JERALD REINGOLD
Notary Public, State of New York
No. 01RE6085047
Qualified in Kings County
Expires on 12/16/10

Jerald Reingold
Notary Public, State of Florida at Large

Jerald Reingold
Print or Stamp of Notary

01RE6085047
Serial Number

My Commission Expires: 12/16/10

NYS Department of State

Division of Corporations

Entity Information

Selected Entity Name: DEALMED INC.

Selected Entity Status Information

Current Entity Name: DEALMED INC.

Initial DOS Filing Date: MARCH 23, 2006

County: KINGS

Jurisdiction: NEW YORK

Entity Type: DOMESTIC BUSINESS CORPORATION

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

DEALMED INC.

1446 EAST 12TH STREET

BROOKLYN, NEW YORK, 11230

Registered Agent

NONE

NOTE: New York State does not issue organizational identification numbers.

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